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AUTHOR Arcia, Emily; And Others
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ABSTRACT

This policy "alert" summarizes two studies addressing implementation of early intervention for families with infants and toddlers with special needs. The first study examined the distribution of sociodemographic factors associated with underutilization of health and social services. These include poverty, maternal employment, ethnic minority status, large family size, low maternal education, and teen motherhood. They found that 10 percent of young children and 20 percent of minority children have at least 3 of the key factors associated with service underutilization and only 7 percent have none of these factors. The second study examined 13 "Year 4" applications for Part H funds for general and specific policies aimed at reaching populations typically underserved. Specifically, it looked for: (1) policies to impact on families' perceptions of problems and needs; (2) policies to enhance enabling factors; (3) policies to empower families; and (4) policies to monitor and support services to minorities. Results indicated that, although all applications reflected the spirit of the law, very few of the applications specified how general principles would be put into operation. (Two references) (DB)

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POLICY ALERT

Carolina Policy Studies Program
May, 1992

BUT WHAT ABOUT THE OTHER 93 PERCENT?

Emily Arcia, James J. Gallagher, Jane Serling

Abstract. In this "Alert" we provide policymakers and service providers with a summary of the results of two studies that have direct implications for early intervention policies that affect families. We also suggest to policymakers that they reexamine their family-related policies and policy statements with a critical eye for the clarity and specificity necessary to provide wide, properly inclusive coverage.

The intent of Part H of IDEA is to provide early intervention services to all families with infants and toddlers with special needs. More specifically, services are to be provided to ALL families in need, and in a WAY that empowers families. That is, services should be sufficiently flexible to allow for differences and choices.

If all families in need are to be reached and given appropriate services, policies should recognize the realities of today's families. In a recent study by the Carolina Policy Studies Program, Arcia and associates (Arcia, Keyes, Gallagher, & Herrick, 1992) examined the nationwide distribution of some of the family sociodemographic factors that traditionally have been associated with underutilization of health and social services. Using data from the March 1991 Current Population Survey, conducted by the U.S. Census Bureau, they examined the distribution of poverty, maternal employment, ethnic minorities, large family size, low maternal education, and teen motherhood in a national sample of families with children under 5 years of age. The researchers estimated that 10% of all young children and 20% of all young minority children have at least three of the key factors that have been associated with service underutilization. Two of the three key factors were poverty and maternal employment, both of which have a significant impact on families' resources. Surprisingly, only 7% of the nation's children had none of the family sociodemographic factors associated with underutilization.

The families of 7 out of 100 children should have no trouble accessing early intervention services. The children live in families with incomes above poverty, so that the direct or indirect cost of services (such as transportation, or hiring a sitter for siblings) is not likely to be a barrier to accessing services. The children have mothers who are not employed, or are employed less than 30 hours a week, so that their available time for procuring services is not likely to be severely limited, and they have none of the other potential impediments cited above.What about the other 93 out of 100 children? Clearly, not all children are at high risk for underutilization, but a large percentage of the young child population has at least one factor that could become a barrier to accessing early intervention services. Fifty-four percent of children under five have mothers in the labor force, 35% live in families with very low income, and 32% are of ethnic minority. With these estimates in mind, Arcia and associates identified four

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types of policies to reach populations typically underserved and to ensure that services would offer maximum choice and flexibility for families (see below) (Arcia et al., 1992).

In a second study by the Carolina Policy Studies Program (Arcia, Serling, & Gallagher, 1992) we reviewed 13 "Year 4" applications for Part H funds. The sample included applications from states in all geographical regions of the country, and from states with a high percentage of ethnic minorities. Each application was reviewed for general and specific statements of policies aimed at reaching populations typically underserved, and for policies that would empower families by providing them maximum choice and flexibility. We looked for the following policies.

I. Policies To Impact on Families' Perceptions of Problems and Needs

Before entry into the service system can occur, a family must recognize that their child has a developmental problem and that services exist for that problem. To ensure that all families of young children are aware of the existence and availability of early intervention services the following two policies can be adopted:

1. Public awareness campaigns should not just address the general population, but should specifically target minority populations.

2. An extensive child find and referral system should be instituted to reach populations who may be underserved.

II. Policies To Enhance Enabling Factors

Enabling factors are activities or characteristics of the family and of the service sector that make programs accessible and that make the use of services feasible. Strong enabling factors are ones that reduce the direct and indirect cost of services, and provide them in a place and at a time that is accessible to families. The following policies would help to serve that purpose:

1. Cost of services should be minimized to make these services accessible to all families, even those who do not qualify for Medicaid, but cannot afford insurance.

2. Transportation should be provided as needed to ensure that services are accessible.

3. Care for the child receiving services and for young siblings should be provided during meetings with parents as needed to ensure that the lack of sibling care or cost of child care are not obstacles to parent participation.

4. Early intervention services should be made available at childcare facilities to ensure that services will be possible to children whose mothers are in the labor force.

III. Policies To Empower Families

The regulations of Part H of IDEA were intended to empower families, to "have a positive impact on the family, because they strengthen the authority and encourage the increased participation of parents in meeting the early intervention needs of their children" (U.S. Department of Education). We suggest that the key feature of empowerment is having a wide range of choices and the freedom to choose, and thus we suggest the following policies:

1. Early intervention systems should allow families to define their members.

2. Early intervention systems should allow families to choose the language for communication in meetings, assessments and services.

3. Families should be able to choose times for meetings and services so as not to interfere with their work schedules.

4. Families should be free to choose their service coordinator.

5. Families should be encouraged to bring a family advocate of their choice to IFSP meetings.

IV. Policies To Monitor and Support Services to Minorities

Depending on the geographical and sociodemographic characteristics of each state, there are minority groups who are at high risk of being underserved. These groups include ethnic minorities, families who reside in inner cities or in remote rural areas, those who are homeless, and those with very low income. We recommend the following policies:

1. State data systems should include family sociodemographic characteristics to allow monitoring of equitable distribution of resources and services.

2. The lead agency should promote the recruitment and availability of services providers who are ethnically representative of the client population.

3. The lead agency should promote the recruitment and availability of specialists who can provide training, supervision, and technical assistance on issues of cultural sensitivity.

Our results of the review of state applications indicate that although all applications reflected the spirit of the law, very few of the applications specified how general principles would be put into operation. We recognize that there are advantages to broadly stated policies, but the advantages of clearly worded, family-focused, statewide polices are also considerable. Explicitness will improve the likelihood that services will be provided to all families, including those who have typically been underserved. These previously underserved families will not only be more likely to enter the service system, but they will also be more likely to stay in the system. On the basis of the two studies summarized above, we suggest that policymakers review their state-level policies with a critical eye for the clarity and specificity necessary to provide wide, properly inclusive coverage.

References

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